PTO/SB/17 (12-04) Approved for use through 7/31/2006. OMB 0651-0032

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MAUL					Complete if Known						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number			09/939,306			
FEE TRANSMITTAL					Filing Date			August 24, 2001			
					First Named Inventor			Thomas LEMMONS			
For FY 2005					Examiner Name			S. E. Jones			
Applicant claims small entity status. See 37 CFR 1.27						nit		3713			
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00					Attorney Docket No.			577172000300			
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
X Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
·		FILI	NG FEES	SE	ARCH	FEES	EXAM	INATION FEES	3		
Application Type	Fa	e (\$)	Small Entity Fee (\$)	Fee (\$		<u>nall Entity</u> Fee (\$)	ί Fee (\$	Small Entity ) Fee (\$)	Fees	Paid (\$)	
Utility	· · · · · · · · · · · · · · · · · · ·	300	150	500		250	200	100	1000	(0)	
Design		200	100	100		50	130	65			
Plant		200	100	300		150	160	80			
Reissue		300	150	500		250	600	300	•		
Provisional		200	100	0		0	0	0			
2. EXCESS CLAIM FEES									-	Small Entity	
Fee (\$) Fee (\$)											
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent									50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent								200	100		
Multiple dependent claims									360 180		
Total Claims	otal Claims				Paid (\$) <u>M</u>			Multiple Dependent Claims			
=		× .	=_				<u>!</u>	Fee (\$)	Fee Paid (	<u>\$)</u>	
	E-4 01-1-		E (A)	F 1	\_:_ (¢					<del></del>	
Indep. Claims	Extra Clain	<u>ns</u> .	Fee (\$) =	Fee I	Paid (\$	<u> </u>					
3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = /50 (round <b>up</b> to a whole number) x =											
4. OTHER FEE(S)  Non-English Specification S120 for (no amplification discount)											
Non-English Specification, \$130 fee (no small entity discount)  Other: 1252 Extension for response within second month  450.00											
Other: 1252 Extension for response within second month 450.00 1801 Request for continued examination (RCE) (see 37 CFR 1.114) 790.00											
SUBMITTED BY		7	1								
Signature	WHY.		m//			ation No. y/Agent)	39,176	6 Telephone	(703) 76	60-7700	
Name (Print/Type) Scott W. Doyle Date									January 18, 2005		
			<u> </u>								